

## Setup Form for NIH SBIR



For assistance or further information regarding Foresight's TNA™, please contact Heidi Meisenkothen at 401-273-4844 ext. 21.

Email setup form to Ryan Hill at [Ryan.Hill@foresightst.com](mailto:Ryan.Hill@foresightst.com) or fax to 401-273-4744.

### Foresight ID Number:

<b>Company Information:</b> <i>Name, Address, Website</i>	
<b>Contact Person for Guidance, Receipt of Report, and Approval of our Work:</b> <i>Name, Title, Email and Phone</i>	
<b>Primary Technical Contact Person, if Different:</b> <i>Name, Title, Email and Phone</i>	
<b>Name of Technology or Project:</b>	
<b>Your SBIR Award Grant/Contract Number:</b>	
<p><b><u>Non-Proprietary Description of Technology:</u></b> <i>This is the only information that we disclose to experts, end-users and potential commercialization partners. In order to get the most informative feedback from these individuals, the more information that is included in this description the better.</i></p> <p>Typically, the non-proprietary description is 1-2 paragraphs in length. In addition to the technology description, the following information, if available, in a non-proprietary format, may be considered for inclusion in this section:</p> <ul style="list-style-type: none"><li>• Brief overview of technology and the problem it aims to solve;</li><li>• Relative size of technology (i.e., Is it bigger than a breadbox? Can it fit on a crowded lab bench?);</li><li>• Stage of technology's maturity (i.e., Conceptual stages? <i>In vitro</i>, pre-clinical or clinical validation studies performed? Do you have a prototype?).</li></ul>	

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<b>Comparison with Substitutes:</b> <i>What are the major substitutes for your technology? Why is your technology better than these alternatives? Please be as specific as possible.</i>	
<b>Do you have a primary application of interest?</b> <i>Your best guess as to where you want your technology commercialized.</i>	
<b>What other applications have you considered?</b>	
<b>Do you have a patent or have you published anything on this technology:</b> <i>If yes, please list patent number(s) and/or most relevant publications.</i>	
<b>Geographic Region of Interest:</b> <i>Note - all reports will default to 'global' unless a regional focus is specified.</i>	
<b>Are there any companies or people we SHOULD NOT contact?</b>	
<b>We normally identify your company or organization when speaking to people. Do you wish to remain anonymous?</b>	
<b>Please provide key words to describe this project.</b>	

Indicate by 'X'	SBIR Phase II submission dates *	EARLIEST POSSIBLE START DATE	ESTIMATED GROUP COMPLETION DATE
	December 5 2011	September 2011	November 2011
	April 5 2012	November 2011	March 2012

**\*NOTE:** If applicable, indicate your preference based on if or when you plan to submit a Phase II SBIR application. If you do not plan to submit a Phase II application in the dates indicated above or do not have a preference, leave the first column blank. NIH will do its best to accommodate any preferences.